

Principles for Best Practices in Serving Infants and Toddlers Who Are at Nutritional Risk

These Birth to 3 Program Best Practices, developed by a statewide workgroup (Infant/Young Child Nutrition Coalition), are intended to provide assistance to County Birth to 3 Programs, provider agencies, families and others throughout the State of Wisconsin as they meet the needs of children and their families.

Children with developmental disabilities are vulnerable to nutrition-related problems that can jeopardize their health status and pose barriers to their development. Common nutrition-related problems include alterations in growth, digestion, absorption, metabolism and excretion, drug and nutrient interactions, dental problems, specific nutrient abnormalities, feeding problems, and caregiver-related concerns. Screening identifies nutrition-related concerns, which may be followed by an individual nutrition assessment, appropriate intervention, ongoing follow-up, and coordination of nutrition care.

Recognizing the impact that nutrition-related problems may have on a child's development, nutrition services is an early intervention service that is provided to eligible children based upon their identified needs. Chapter HFS 90, Wisconsin Administrative Code: Early Intervention Services For Children From Birth to Age 3 With Developmental Disabilities mirrors federal statutes (Individuals with Disabilities Education Act, Part C) to include nutrition services to assure that nutrition services are provided when appropriate.

According to Chapter HFS 90, Nutrition Services is defined as:

- Identifying dietary and nutritional needs;
- Developing and monitoring appropriate nutritional plans based on assessment results;
- Conducting individual assessments* in nutritional history and dietary intake: anthropometric, biochemical and clinical variables; feeding skills and feeding problems; and food habits and food preferences;
- Providing nutritional treatment and intervention and counseling parents and caregivers on appropriate nutritional intake, based on assessment results; and
- Making referrals to appropriate community resources to carry out nutritional goals.

According to Chapter HFS 90, Nutrition Services does not include coverage of the cost of food supplements, vitamins or prescription formulations designed to improve or maintain a child's nutritional status.

*An individual nutrition assessment is provided by a Registered Dietitian (RD) who has experience and knowledge serving children with special health care needs, chronic illnesses, and developmental disabilities.

I. The Birth to 3 Program supports the ongoing nutritional screening, referral, and assessment of infants and toddlers. Therefore, it is recommended that County Birth to 3 Programs:

- Screen every child referred to the Birth to 3 Program using the Birth to 3 Nutrition Screening Tool during the intake and evaluation process;
- When a child meets the criteria for a referral from the screening tool, implement the Birth to 3 Program Nutrition Assessment Referral/Service Coordination process;
- Coordinate and/or provide for a nutrition assessment by a Registered Dietitian (RD);
- At the child's Individual Family Service Plan (IFSP) meeting, discuss how the nutritional needs found by the assessment are related to the child's developmental outcomes; and
- When the nutritional needs are related to the child's developmental outcomes, nutritional services will be included as early intervention services in the child's IFSP and will be coordinated and/or provided by the child's Birth to 3 Program.

II. The Birth to 3 Program supports the integration of nutrition services within the early intervention service system rather than a separate service. Therefore:

- The Birth to 3 Nutrition Screening Tool can be used by a cross-section of providers as part of the early intervention screening process. The Birth to 3 program will refer those children identified by the screening guidelines for an individual nutrition assessment.
- Identification of a broad range of diet, growth, and nutritional concerns can assist early intervention providers in the early detection of problems and assist them in referring the child to a Registered Dietitian who will work as part of the early intervention team for appropriate nutrition services.
- Partnerships should be created between dietitians, families, primary care providers, and other providers on the early intervention team to foster family empowerment and the provision of high quality nutrition services.
- Attention of growth, feeding, and nutritional needs of children in early intervention within a family-centered, community-based, coordinated, and culturally sensitive system of services is essential in meeting the needs of the child and family.

III. Service delivery is flexible and includes a broad array of program options.

- Infants and children in the Birth to 3 Program whose nutritional risk would significantly impact their development will be identified and linked to appropriate nutrition services within the child's local community.
- Coordinated and collaborative relationships must exist between families and various service providers and also among the service providers.
- Linking of early intervention services with the child's primary care provider to address a continuum of nutritional care is essential.
- Nutrition services should be provided in natural environments, including the home and other settings where typically developing peers participate, unless justification for use of another setting is provided in the IFSP.

- Nutrition services may include the Birth to 3 Dietitian working in collaboration with the child's clinic-based Dietitian to enhance the child's nutritional services.

Attachments:

- Birth to 3 Nutrition Screening Tool and Nutrition Assessment Referral/Service Coordination form
- Birth to 3 Program Nutrition Screening, Referral & Service Coordination Diagram

References:

Position of The American Dietetic Association: Nutrition services for children with special health needs. J Am Diet Assoc. 1995; 95:809-812

Position of The American Dietetic Association: Nutrition in comprehensive program planning for persons with developmental disabilities. J Am Diet Assoc. 1997;97:189

Bayerl CT, et al, Nutrition issues of children in early intervention programs: primary care team approach. Sem. Pediatr Gastroenterol Nutr. 1993; 4:11-15